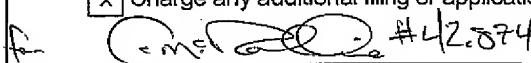


AMENDMENT TRANSMITTAL LETTER				Docket No. 1592-0164PUS1	
Application No. 10/589,348-Conf. #8171	Filing Date August 11, 2006		Examiner V. Bernard	Art Unit 1792	
Applicant(s): Eiichi SHIMIZU et al.					
Invention: VAPOR PHASE GROWTH APPARATUS					
MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	5	- 20 =	0	x 50.00	0.00
Independent Claims	1	- 3 =	0	x 210.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month 120.00					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 120.00					
<input checked="" type="checkbox"/> Large Entity			<input type="checkbox"/> Small Entity		
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. 02-2448 in the amount of \$ 120.00 A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
			Dated: JUL 11 2008		
Marc S. Weiner Attorney Reg. No.: 32,181					
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000					

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 481B).</i>		Complete if Known	
FEE TRANSMITTAL For FY 2008		Application Number	10/589,348-Conf. #8171
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	August 11, 2006
<input type="checkbox"/> TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Elichi SHIMIZU
(\$) 120.00		Examiner Name	V. Bernard
<input type="checkbox"/> Art Unit		Art Unit	1792
<input type="checkbox"/> TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	1592-0164PUS1

METHOD OF PAYMENT (check all that apply)						
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____						
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
<input type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input type="checkbox"/> Credit any overpayments			

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
	Utility	310	155	510	255	210	105
	Design	210	105	100	50	130	65
	Plant	210	105	310	155	160	80
	Reissue	310	155	510	255	620	310
Provisional	210	105	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues)							
50 25							
Each independent claim over 3 (including Reissues)							
210 105							
Multiple dependent claims							
370 185							
Total Claims Extra Claims Fee (\$)							
5 - 20 = 0 x 50.00 = 0.00							
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims Extra Claims Fee (\$)							
1 - 3 = 0 x 210.00 = 0.00							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)							
_____ - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): <u>1251 Extension for response within first month</u> <u>120.00</u>							

SUBMITTED BY				
Signature	 442-874		Registration No. (Attorney/Agent)	32,181
Name (Print/Type)	Telephone (703) 205-8000			
Name (Print/Type)	Date			
<u>JUL 11 2008</u>				